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UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	Alan.P001
	First Inventor:	Alan W. Fink
	Title:	Message Collaborator
	Express Mail Label No.:	ET667900532US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

PTO
11/28/01
99/996530

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="26"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="13"/></p> <p>5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>
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18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. <input type="text"/>
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Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS							
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> NA		or		<input type="checkbox"/> Correspondence address below	
Name	Alan W. Fink						
Address	5631 South Magic Drive						
City	Murray	State	UT	Zip Code	84107		
Country	U.S.A.	Telephone	801-556-4860	Fax	520-962-9685		
Name	Alan W. Fink			Registration No.			
SIGNATURE	<i>Alan W. Fink</i>			Date	11/28/01		

FEE TRANSMITTAL Patent fees are subject to annual revision		Complete if Known	
		Application Number	
		Filing Date	11/28/01
		First Named Inventor	Alan W. Fink
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		412	Attorney Docket No.

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																											
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number <input style="width: 150px;" type="text"/> Deposit Account Name <input style="width: 150px;" type="text"/> <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27																																																																																																																																																												
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SUBMITTED BY Name (Print/Type) Alan W. Fink Signature <i>Alan W. Fink</i> Date 11/28/01																																																																																																																																																												
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